

**Frequently Asked Question (FAQ)**

FAQ ID: 17315      Publish Date: 08/30/2016

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<b>Program Area:</b>	Qualified Health Plan (QHP)
<b>Primary Category:</b>	Certification Process
<b>Secondary Category:</b>	Quality
<b>Question:</b>	For Federally-facilitated Marketplaces (FFMs), including FFMs where States perform plan management, what happens to issuers' Quality Improvement Strategy (QIS) Implementation Plan and Progress Report forms (QIS forms) following submission during the Qualified Health Plan (QHP) Application Submission and Review Period (QHP Application Period)?
<b>Answer:</b>	<p>For FFMs, including FFMs where States perform plan management, QIS forms submitted during the QHP Application Period are first assessed for completeness, and then undergo full evaluation by the Centers for Medicare &amp; Medicaid Services (CMS).</p> <p>Issuers participating in the FFMs whose QIS forms were not received as required, were missing information, or contained blank fields receive Correction Notices during the QHP Application Period that specify any QIS deficiencies. Issuers participating in the FFMs that receive Correction Notices must correct and resubmit their QIS forms.</p> <p>If issuers participating in the FFMs do not receive Correction Notices that list QIS deficiencies, their QIS forms are complete and will undergo full evaluation.</p> <p>For FFM states where States perform plan management functions, the submission is jointly reviewed by CMS and the State, with the final determination being made by CMS. Issuers operating in these FFM states should contact the State for details on the State's process for evaluating QIS submissions.</p>

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**Frequently Asked Question (FAQ)**

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**Program Area:** Qualified Health Plan (QHP)**Primary Category:** Certification Process**Secondary Category:** Quality**Question:** When will the Centers for Medicare & Medicaid Services (CMS) notify issuers operating in Federally-facilitated Marketplaces (FFMs), including FFMs where States perform plan management, of their full Quality Improvement Strategy (QIS) evaluation results?**Answer:** For the FFMs, including FFMs where States perform plan management, CMS notifies issuers of any concerns with their QIS submissions based on their full QIS evaluation results at the end of the calendar year, after the conclusion of the annual Qualified Health Plan (QHP) Application Submission and Review Period (QHP Application Period) in which the QIS submissions were made. For example, issuers participating in the FFMs will receive notice of deficiencies or concerns at the end of calendar year 2016 for QIS submissions made during 2017 QHP Application Period.

An issuer participating in an FFM that receives outreach regarding deficiencies or concerns with its QIS must work with CMS to address these concerns.

CMS does not provide affirmative notification of fulfillment of the QIS requirements. Issuers participating in the FFMs that do not receive notification of deficiencies or concerns by the end of the calendar year following the conclusion of the applicable QHP application period should continue their QIS implementation.

For FFM states where States perform plan management functions, the submission is jointly reviewed by CMS and the State, with the final determination being made by CMS. Issuers operating in these FFM states should contact the State for details on the State's process for evaluating QIS submissions.

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